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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))



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|--|--|---|--|
| Attorney Docket No. INVIT1250-5 | | | |
| Client Matter Number 102894-990000 | | | |
| First Inventor or Application Identifier: Jay M. Short | | | |
| Title: Morphatides: Novel Shape and Structure Libraries | | | |
| Express Mail Label No.: EL617045753US | | | |
| Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small> | | ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, & duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status | | | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>91</u>] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (<i>if filed</i>) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>7</u>] | | | |
| 5. <input type="checkbox"/> Oath or Declaration [Total Pages <u> </u>] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | | |
| 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) | | | |
| 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies | | | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <i>(when there is an assignee)</i> | | | |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | | | |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PCT 1449) <input type="checkbox"/> Copies of IDS Citations | | | |
| 13. <input type="checkbox"/> Preliminary Amendment () | | | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | | |
| 16. <input checked="" type="checkbox"/> Express Mail Certification | | | |
| 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent | | | |
| 18. <input type="checkbox"/> OTHER: Check # <u> </u> (\$ <u> </u>) | | | |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: <u>08/953,634</u> <i>Prior application information:</i> Examiner: <u>G. Hsu</u> Group/Art Unit: <u>1627</u> | | | |
| 18. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number (28213) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below | | | |
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| Signature | | Date <u>4/12/01</u> | |